



**STATE OF TENNESSEE
COUNCIL ON CHILDREN'S MENTAL HEALTH**

Andrew Jackson Building, 9th Floor
502 Deaderick Street, Nashville, TN 37243-0800
(615) 741-2633 (FAX) 741-5956
1-800-264-0904

Council on Children's Mental Health
August 16, 2018, 10 a.m. – 2 p.m.
American Legion Post 88
2864 Elm Hill Pike, Nashville, TN 37214

MEETING SUMMARY

Attendees:

Jennifer Aitken	Cornelius Hill	Jan Schneider
Katie Armstrong	Karen Howell	Angela Shine
Anna Arts	Miracle Hurley	Wendy Shurah
Stephanie Athalone	Crystal Hutchins	Lindsay Sinicki
Elizabeth Ball	Anthony Jackson	Samantha Slagle
Julia Barlar	Cheryl Johnson	Taryn Sloss
Whitney Barrett	Hope Johnson	Julie Smith
Carole Beltz	Jacqueline Johnson	Natasha Smith
Kathy Benedetto	Sumita Keller	Sara Smith
Amy Blackwell	Richard Kennedy	Shelley Smith
Hope Bond	Kristin Lewis	Tammie Smith
Cory Bradford	Denise McDrummond	Denise Stewart
Jeremy Breithaupt	Melissa McGee	Roger Stewart
Garla Camarillo	Sean McPherson	Dakota Sullivan
Carl Counts	Terra Miller	Joan Sykora
Ashlee Crouse	Jerri Moore	Latonya Tate
Brenda Donaldson	Kelli Mott	Heather Taylor-Griffith
Jennifer Drake-Croft	Tonya Moran	Vicki Taylor
Anjanette Eash	Elizabeth Mower	Charkeski Transon
Kendall Elsass	Jessica Mullins	Eric Valinor
Carey Farley	Yolanda Neal	Joseph Valinor
Connie Farmer	Frank Ogilvie	Keri Virgo
Brittany Farrar	Amy Olson	Will Voss
Laritha Fentress	Jill Overton	Don Walker
Kaela Fett	Katie Parker	Natalie Webb
Randi Finger	Matthew Parriott	Angela Webster
Katie Goforth	Margaret Hope Payne	Alysia Williams
Debra Granger	Steve Petty	Bianca Williams
Daniel Haile	Taylor Phipps	Lygia Williams
Ashleigh Hall	Norene Puckett	Jules Wilson
Tamara Hall	Horace Pulse	Tammy Wilson
Rhonda Harpole	Athena Randolph	Layla Wright
Craig Hargrow	Kathy Rogers	Matt Yancey
Rikki Harris	Mary Rolando	Kinika Young
Lacey Hartigan	Delora Ruffin	
Magdalynn Head	Kara Rymar	

I. Welcome, Introductions and Announcements – Richard Kennedy, Executive Director, Tennessee Commission on Children and Youth (TCCY) and Matt Yancey, Deputy Commissioner, Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS)

Kennedy called the meeting to order at 10:00 a.m. He welcomed everyone and thanked McGee for her work with CCMH, Commissioner Williams and TDMHSAS for the wonderful partnership. Kennedy gave a brief background on the Council and thanked everyone for making attendance a priority.

Yancey reported the Juvenile Justice Task Force designated \$4.5 million dollars to the department for community-based alternatives to keep juveniles out of detention. There will be an announcement of funding soon for these services. Yancey also talked about school-based mental health and the school safety workgroup created by the Governor. He said TDMHSAS are currently in 50 schools in the state and doubling the funding for schools. An announcement of funding will also be sent out soon for this funding. Yancey announced the SOCAT Conference will be September 21-22, 2018 at the Embassy Suites in Murfreesboro. He also said the department has additional funding to add a fifth First Episode Psychosis Team in Chattanooga.

Kennedy addressed a few housekeeping matters before moving through the agenda. He thanked the staff at the American Legion Post 88. Kennedy reminded attendees the sign-in sheet is essential for reporting requirements related to the federal System of Care grant. He also asked attendees to complete to Conflict of Interest form if they have not already done so. Kennedy asked for introductions.

Angela Webster announced AIMHiTN is hosting a workshop called *Braiding the Intergenerational Experience* in conjunction with the SOCAT Conference on Thursday, September 20th from 1 p.m. to 6 p.m. Marva Lewis, PhD. will be the guest speaker. For more information, visit http://aimhitn.org/images/AIMHiTN-SaveTheDate-BRAIDING-Conf-2018_1.jpg

Kinika Young announced the Tennessee's Justice Center is accepting applications for their Student Ambassador Program. It began to promote engagement among high school students in health care advocacy. Ambassadors learn about health insurance system, best practices for advocacy, and how to engage their peers to use their voices. Send applications to Dennisse Calle, dcalle@tnjustice.org or contact her at 619-815-7773.

Roger Stewart announced 32nd Annual NAMI Tennessee State Convention will take place September 27-28, 2018 at the Inn at Opryland. Visit <http://namitn.org/state-convention/> for more information. Special Early Bird Pricing ends August 31, 2018.

Jennifer Drake-Croft announced *Building Strong Brains Tennessee* Training-for-Trainers applications are now being accepted.

Kennedy announced staff changes at TCCY. Craig Hargrow has been promoted to Deputy Executive Director and Sumita Keller has been promoted to Director of Statewide Initiatives.

II. Approval of Meeting Summary

Kennedy thanked Russette Sloan of TCCY for preparing the meeting summary for the joint YTAC/CCMH meeting in Natasha Smith's absence.

Motion to accept the June 21, 2018 meeting summary for CCMH (HARRIS) MOTIONED (BARLAR) SECONDED, PASSED UNANIMOUSLY.

III. PFS Rx Student Survey 2017 – Elizabeth Mower and Lacey Hartigan, Evaluation, Management and Training (via WebEx)

Mower provided a brief overview of the PFS-Rx Student Survey summary of findings. As part of the initiative, eight of nine PFS Rx-funded county coalitions coordinated the administration of a student survey to 8th, 10th, and 12th grade students during the 2017-18 school year to measure youth attitudes and behaviors related to alcohol and other drug misuse.

Coalitions receive survey findings in county-level weighted report summaries. Survey findings are used to inform and strengthen TDMHSAS-funded community alcohol and drug prevention needs assessment and planning efforts within the eight participating PFS Rx counties. This project is funded by the Tennessee Department of Mental Health and Substance Abuse Services.

Mower said the sample size of the PFS-Rx Student Survey was 6,800 students with a mix of more rural areas with small urban clusters. Mower reported the past month use is a measure of any reported substance use in the 30 days prior to survey administration. She shared 8.8 percent of students reported smoking part or all of a cigarette in the past month; 13.2 percent of students reported having one or more drinks of an alcohol beverage in the past month; 4.8 percent of students reported using prescription drugs that were not prescribed to them in the past month; and 10.2 percent of students reported using marijuana in the past month.

The perception of risk measuring the percentage of students associating substance use with “great” or “moderate” risk revealed 77.3 percent of students perceived “great” risk associated with smoking one or more packs of cigarettes a day; 69.2 percent of students perceived “great” risk associated with taking one or two drinks of an alcoholic beverage nearly every day; 79.3 percent of students perceived “great” risk associated with using prescription drugs not prescribed to them; and 68.3 percent of students perceived “great” risk associated with smoking marijuana once or twice a week. In the past 12 months, 41.6 percent of students reported that they talked with at least one parent about the dangers of alcohol, tobacco, or drug use.

Horace Pulse from TDMHSAS talked about the grant and said they are about to go into grant year five. He reported there are two major populations: Hamilton and Knox counties. These are the areas with a high level of prescription abuse. Pulse said they are moving into use of a new instrument with the Tennessee Together Student Survey. This survey will be statewide and geographically representative of east, middle, and west Tennessee.

The Tennessee Together Student Survey is a school-based survey of student alcohol, tobacco, and drug use attitudes and behaviors appropriate for youth in grades 8, 10, and 12. The survey captures student responses in the following areas of measurement (which include the four core SAMHSA Drug-Free Community measures):

- Lifetime and past month alcohol, tobacco, and illicit drug use and prescription drug misuse;
- Age of onset of alcohol, tobacco, marijuana, and prescription drug misuse;
- Ease of access to alcohol, tobacco, marijuana, and prescription drugs, and methods of obtaining alcohol or prescription drugs;
- Peer substance use;
- Riding in a car with someone who is intoxicated, or driving while intoxicated;
- Personal, peer, and parental approval of alcohol, tobacco, marijuana, and prescription drug misuse;
- Perceived risk of alcohol, tobacco, marijuana, and prescription drug misuse;
- Family communication about tobacco, alcohol, and illicit drug use and prescription drug misuse; and
- Exposure to prevention messaging regarding the dangers of prescription drug misuse and abuse.

Overall, out of 53 counties with Substance Abuse Prevention Coalitions (SAPCs), 36 have opted to participate in the 2018 fall administration. Tennessee Together is not the first youth survey in Tennessee (e.g., Youth Risk Behavior Surveillance (YRBS); TDOE School Climate). However, it will be the first to provide statewide representative data on many measures, including:

- E-cigarette use
- Prescription drug misuse
- Ease of access to drugs
- Methods of access to alcohol and other drugs
- Perception of parents' and friends' feelings about substance use
- Perception of risk related to substance use
- Communication with parents about the danger of prescription drug misuse
- Exposure to messaging regarding the dangers of prescription drug misuse

It will also be the first statewide survey for which county-level weighted reports will be available for all participating counties (assuming an adequate county participation rate).

The benefits of the Tennessee Together Student Survey are it provides current data on substance use attitudes and behaviors among youth in Tennessee, which will be used to inform a statewide needs assessment; provides weighted county-level reports to support local planning and prevention efforts; provides a statewide baseline for upcoming funding initiatives; and provides data on a population (youth) that is not readily available from other public data sources.

Hartigan assisted in answering questions.

Expansion of Tennessee Together has been made possible through designation from Governor Haslam's focused legislation passed during this past session.

IV. Drug Endangered Children – Vicki Taylor, Juvenile Justice Specialist, TCCY

Taylor presented the Core Drug Endangered Children Training Program – A Community Awareness Training. She provided an overview of the National Alliance for Drug Endangered Children (DEC). The National DEC helps break the cycle of abuse and neglect by empowering practitioners to identify and respond to children living in dangerous drug environments. Taylor said we all are the practitioners responsible for identifying and assisting the children.

Taylor said this training program was made possible through the generosity of the Colorado Regional Community Policing Institute (CRCPI) and the U.S. Department of Justice Community Oriented Policing Services (COPS) Office. CRCPI Director Sandy Sayre was the recipient of a grant from the COPS Office to develop a national "Methamphetamine and Other Drugs Community Awareness" training program.

Formed in 2004 and incorporated as a nonprofit charitable organization in 2006, the National Alliance for Drug Endangered Children (National DEC) exists to raise awareness about the problem of drug endangered children in order to break the cycle of abuse and neglect. National DEC provides support, information and resources to all state, tribal and local DEC Alliances; non-profits; and professional organizations that serve and care for these children.

Due to technical difficulties, Taylor was unable to share videos. She explained the video "Why," revealed that often times, it is a tragic event that brings people together to make changes. The video represented the fact that it was not just one system that failed the little girl, but it was all systems. She asked people to think about what can we all do different to help change the trajectories of children's lives.

Taylor reported data revealed 2.1 million children in the United States live in homes where a parent uses illicit drugs. She said data like this is often gathered through arrest records, case involvement with child welfare, in patient treatment admissions, self-report, or other involvement with another system. Taylor

said we know that there are children and parents out there in our communities that have not been identified.

Taylor said when another adult is added to the mix, the number of endangered children rises significantly. She said 9.2 million children live in homes where a parent or other adults uses illicit drugs. This may be due to a parent not usually using drugs alone. They often will use with friends, relatives, etc. Again, there are children that are not included in this number as they or their parents have not yet been identified.

Children whose parents abuse alcohol or drugs are three times more likely to be verbally, physically or sexually abused and four times more likely than other children to be neglected. Taylor highlighted the multigenerational cycle of substance abuse and reported children of parents with substance use disorders have a higher likelihood of developing substance use problems themselves.

Taylor said a discussion of the neurodevelopmental and psychosocial outcomes for drug-endangered children requires an understanding of the concept of risk. Risk as defined by the Encarta Dictionary of North America is the “chance of something going wrong; the danger that injury, damage or loss will occur.” All drug endangered children are at risk. How much risk and risk for what varies.

Videos can be found at <http://www.nationaldec.org/training/coredectraining.html>

Taylor spoke briefly about the neonatal complications of maternal substance abuse. They include decreased birth weight, body length, and head circumference; possible impairment of brain development, intrauterine growth retardation; fetal distress, immune deficiency; hyperbilirubinemia (an abnormally high level of bilirubin in the blood, manifested by jaundice, anorexia, and malaise, occurring in association with liver disease and certain hemolytic anemias), hypoglycemia, intracranial hemorrhage; neonatal abstinence syndrome; pneumonia; infections, intrauterine death; and increased risk for death from sudden infant death syndrome.

Because these infants are at risk of prematurity, they frequently have low birth weights and are at increased risk for a host of related problems. These complications may include breathing problems requiring mechanical ventilation and oxygen, intracranial hemorrhage, overwhelming infections requiring antibiotics, and poor feeding, often requiring artificial feeding assistance.

Prenatal substance abuse can lead to specific medical and developmental problems for the child. For example, depending on the gestational age of the fetus when the drug was used, there may be congenital abnormalities, such as those involving the neurologic, pulmonary, renal, or digestive systems.

Additionally, a great deal of research has shown the long- term developmental and behavioral issues in children exposed to drugs and alcohol in utero. Recently, volumetric MRIs assessing the effects of intrauterine exposures to cocaine, alcohol, and cigarettes on infants’ brains have shown that these

exposures are individually related to reduced head circumference, cortical gray matter, and total parenchymal (specific tissue of an animal organ) volumes at school age.

Drug use is often seen differently through the eyes of different professionals. Some risks of substance abuse and drug activity may be lack of supervision, lack of necessities, violence, human/sex trafficking.

Taylor said it is important to review the use and possession, the distribution, and the manufacturing of drugs when discussing the multiple factors where illicit drug activity take place. She share a photo where in May 2007, Salt Lake City Police Department officers served a search warrant for crack cocaine at a two-bedroom apartment in a complex in downtown Salt Lake City. Upon entering the apartment, officers found several adults standing around a dining room table in the process of “rocking up” crack cocaine. After securing the adults in the front room, officers entered the two bedrooms, both of which were closed. Behind the first bedroom door, officers found a three-year-old girl wearing an old diaper sitting in a makeshift cage fashioned out of a play-pen with a closet door on top. Behind the second bedroom door, officers found a naked four-year-old boy and a pit bull. Officers described this scene as one of the most upsetting things they had encountered in their experience. Both children, who subsequently tested positive for the presence of cocaine in their systems, were removed from the home and placed with another family.

She shared another photo where a 14-month-old baby was burned on an electric stove and stuck with a hypodermic needle. The young parents were charged with endangering the welfare of a child and related offenses. The couple failed to get proper care for the baby after the child stepped on a hot electric stove burner and sustained a second-degree burn. The child, whose hair was falling out from apparent malnutrition, was also injured when a broken piece of hypodermic needle became lodged in her buttocks. The needle part was removed during a surgical procedure at The Children's Hospital of Philadelphia. A full body x-ray revealed the baby's arm was also healing from a fracture.

Taylor reported children become victims of the illicit drug trade in many ways through home invasion, abduction, ransom, drugs transported in children’s items, children brought to drug buys, and children used as decoys. She shared a story where a 21-year old mother was picked up for bringing her three-year-old son to a drug deal. The mother was arrested in a Burger King parking lot after selling a small amount of crack cocaine to someone who walked up to her car. She had been the target of police surveillance. After the drug deal went down, officers pulled up alongside the car as she pulled into Burger King's drive-thru lane. She and her passenger were arrested. The person who bought the crack was also arrested. The child was released to a family member.

Although meth labs are the most common type of drug lab discovered in the United States and pose very real dangers, we must be careful not to over-emphasize this problem as it relates to DEC. Traditional DEC training has been disproportionately focused on this issue, rendering all other drug situations as somewhat irrelevant. The same is true of manufacturing drugs such as methamphetamine, ecstasy, LSD, PCP, and THC extraction from marijuana. There is a growing trend of marijuana grows as well as

marijuana extraction labs; both can be very dangerous to children and families living in or around these environments.

Taylor said drug endangered children are a high-risk population with special needs. If we are going to reach our goal of 100 percent, it is imperative that we understand those needs so that more appropriate and effective intervention strategies may be implemented. Drug endangered children require and deserve services that provide specialized training and care. At a minimum, the professionals involved in their care must have an understanding of and skill with issues related to development, attachment, post-traumatic stress disorder, hyper-vigilance, the effects of trauma, and the effects of drugs - both the chemicals involved in the manufacture of the drugs and the drugs themselves.

Taylor shared a slide and story of the long-term consequences of drugs and multigenerational cycle of substance abuse. On a child's 10th birthday, she told her teacher and school resource officer about drugs in her house. The Student Resource Officer (SRO) advised taskforce of the information and as search warrant was executed. The father was operating a meth lab at her house and was arrested. He called his daughter from jail and blamed her. Years later, that same daughter was arrested for felony theft. She has since been in and out of the criminal justice system on numerous occasions.

Taylor once again said we all have an intervention and prevention role to play. She reported research and clinical studies have demonstrated that the earlier the intervention, the more efficient and efficacious the outcome. It is never too early to intervene and it is never too late to intervene. It is simply that intervention must occur as soon as a child at risk is identified.

Taylor talked about understanding resiliency and moving from risk to hope. She said we are all born with an innate capacity for resilience, by which we are able to develop social competence, problem-solving skills, a critical consciousness, autonomy, and a sense of purpose. Keys to fostering resiliency are to recognize the protective factors and to recognize that assessment and intervention can help to change a child's trajectory.

Taylor talked about how collaboration is often more than what participants are doing currently. The hope for the DEC movement is the creation of collaborative effort among multiple organizations and disciplines engaged in the effort. A collaborative strategy requires a deep awareness of what each system has to offer and is willing to share. Professionals have to come together to intertwine systems for the DEC effort and base the strategies upon their best intentions of what they hope will happen in the end.

Taylor highlighted examples of changing the status quo with cigarette use and Mothers' Against Drunk Driving (MADD). She said we all can make a difference to change the trajectory of drug endangered children's lives.

Feel free to email Taylor at Vicki.Taylor@tn.gov.

V. Tennessee Together Media Campaign – Matthew Parriott, Director of Communications, TDMHSAS

Parriott provided an overview on the Tennessee Together Media Campaign. It is a statewide digital effort to impact the state's opioid crisis through messaging, information, and inspiration. He shared data from the campaign to date:

- Broadcast Television - 40 counties, 2.5 million people age 12 plus. Expanding to Knoxville and Tri-cities;
- Print - 68 papers;
- Statewide digital - Reached almost two million people and had more than 10 million impressions;
- Facebook video - 6.5 million impressions, almost one million actions (likes, shares, clicks, etc.);
- Targeted video - 1.9 million impressions;
- Broadcast Television (Nashville Market) – 21.7 million impressions age 12 plus and covering 93 percent of the market; and
- Local newspaper – 700,000 a week readership with 3.5 million impressions.

Parriott said they recently expanded to Knoxville and Tri-Cities this August and are planning to add Memphis and Chattanooga after the election. They are on the Titans Radio Network. Video ads showing real people and who this is impacting can be found at www.tn.gov/opioids. More about the campaign can be found at <https://www.tn.gov/opioids/about-tn-together/tn-together-media-campaign.html>.

VI. Recovery Courts Dekalb County – Norene Puckett, Recovery Court Director

Puckett talked about adult and juvenile recovery courts. The American criminal justice system holds more than 2.3 million people in 1,719 state prisons, 102 federal prisons, 2,259 juvenile correctional facilities, 3,283 local jails, and 79 Indian Country jails as well as in military prisons, immigration detention facilities, civil commitment centers, and prisons in the U.S. territories.

Drug addiction is a chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences. Puckett said alcohol is included in this definition. Addiction is a treatable disease and physical dependence does not equal addiction or substance use disorder (SUD).

Puckett described how drugs affect various areas of the brain. She said it affects how the brain works, its structure, and can last a long time. She provided examples of the basal ganglia: “reward circuit,” extended amygdala: “stress circuit,” and the prefrontal cortex: “the go circuit.” Puckett said opioids affect the brain stem, control basic critical functions for life, heart rate, breathing, and sleeping.

A drug court is a special court given the responsibility to handle cases involving offenders with substance use disorders (SUDs) through comprehensive supervision and treatment services. There is strict accountability by having regular and random drug tests, weekly court appearances, immediate

sanctions for program infractions, and immediate rewards for progress. Drug courts are referred to as recovery courts in Tennessee, acknowledging the holistic nature of the recovery court intervention.

Recovery courts save lives every single day by employing a holistic approach that goes beyond simply treating SUDs. They improve education, employment, housing, and financial stability; promote family reunification; reduce foster care placements; and increase the rate of mothers with SUDs delivering fully drug-free babies. A treatment team is responsible for implementing daily operations of a specialized docket. The team usually consists of the judge, prosecuting attorney, defense attorney, coordinator, case manager, probation officer, licensed treatment provider and law enforcement. Recovery courts bring the full weight of all intervenors to bear to provide accountability and support to individuals willing and eligible for recovery court.

Recovery Courts is a voluntary program and eligible to those who are high risk with high needs. Participants must be able to participate in all aspects of the program and reside in the area in which the recovery court has jurisdiction. Recovery courts do not accept violent charges like sex crimes or crimes against others. Veterans are the exception.

Puckett reported nationwide, 75 percent of the recovery court graduates have remained arrest-free at least two years after leaving the program. She said recovery courts also save money. The average savings is \$20,000 a year per inmate. Recovery court pays \$3,000 per person. She said Dekalb saved \$500,000 in just incarceration costs.

Puckett provided a history lesson with drug courts. Miami had the first drug court in 1989 during the “War on Drugs.” Juvenile Drug Courts were established in the mid-1990s. There are approximately 460 now worldwide. There are over 3,100 Drug Courts in Operation in the United States and its Territories. As of May 2018, half are Adult Treatment Drug Courts according to the National Criminal Justice Reference Service. Puckett said Tennessee has 73 Recovery Courts - Adult (46), Juvenile/Family (9), DUI (4), Mental Health (8), and Veterans Treatment Courts (6). Tennessee established its first drug/recovery court in 1997.

Puckett explained what happens at recovery court. Recovery court typically lasts 18-24 months (General Sessions is the exception). The participants have treatment (inpatient, outpatient, individual counseling, group therapy, etc.); self-help groups; two to four random drug screenings per week; supervision; status hearings weekly (tapering throughout progression); employment/education services; prosocial activities; community service; and deal with mental health, medical, child custody issues, drivers’ licenses, etc.

Puckett showed three episodic videos of people helped by recovery courts. She reported 8.7 million children have parents who need treatment for a substance use disorder. Out of the 269,509 children who entered foster care during the 2015 fiscal year, 90 percent did not receive needed treatment services for a substance use disorder.

Tennessee recovery courts are Bradley County Juvenile Court, Davidson County Adolescent Drug Court, Davidson County Family Court, DeKalb County Juvenile Recovery Court, Hamilton County Juvenile Drug Court, Knox County Juvenile Drug Court, Putnam County Juvenile Drug Court, and White County Juvenile Drug Court.

Puckett discussed Juvenile Drug Treatment Courts. She said a juvenile drug court is a docket within a juvenile court, to which selected delinquency cases and in some instances status offenders, are referred for handling by a designated judge. The youth referred to this docket are identified as having problems with alcohol and/or other drugs. During the program, the juvenile treatment court team meets frequently (often weekly), determining how best to address the substance abuse and related problems of the youth and his or her family that have brought the youth into contact with the justice system.

Puckett said 85 percent of children in the child welfare system stay home or go home family-centered treatment is thus crucial for family well-being. Many youth in child welfare and court systems are affected by parental SUDs, treating the whole family provides the best outcomes. Effective family-centered treatment requires cross-systems coordination, collaboration and service integration; a multidisciplinary team of qualified professionals; and, the leveraging of all available partner and community resources.

For more information on referring someone to a Tennessee Recovery Court, please go to www.tarcp.org and find the court directory to locate a program in your area or call Marie Crosson, Executive Director TARCP at 615-939-2872 or Liz Ledbetter, TDMHSAS Recovery Court Administrator at 615-532-3411. Tennessee REDLINE's number is 1-800-889-9789. It is a free hotline for up to date referrals for alcohol, drugs, problem gambling and other addiction information.

Norene Puckett can be reached at Norene.drugcourt@gmail.com or 615.215.8690.

VII. SOCAT Update – Keri Virgo, Director of SOCAT, Tennessee Department of Mental Health and Substance Abuse Services

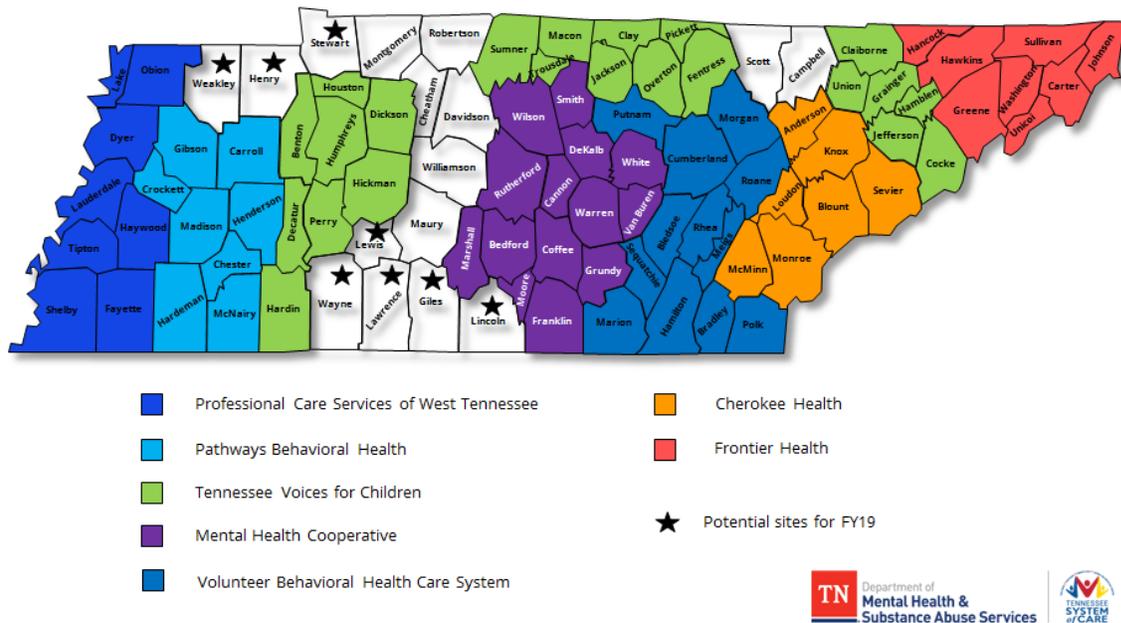
Virgo said SOCAT is entering its third year on October 1st. They are hosting various conferences and trainings and she encouraged everyone to visit the website at <http://socacrosstn.org/> for a calendar of events and trainings. She thanked Tennessee Voices for Children for partnering with TDMHSAS for the Peer Leadership Conference for Family Support Specialists and Youth.

Virgo reported a delegation of 60 from Tennessee attended the week-long 2018 University of Maryland Baltimore Training Institutes in late July. This biennial event has been the premier convening of leaders in systems of care for children, youth, and young adults with behavioral health challenges and their families. This year's theme was LEADING CHANGE: Integrating Systems and Improving Outcomes in Behavioral Health for Children, Youth, Young Adults, and Their Families, builds upon decades of

progress in designing and sustaining high-quality and effective delivery systems for children, youth, and young adults with mental health and substance use disorders and their families.

Virgo shared the SOCAT Expansion Site 2018 map and said they will be adding a 12th site on October 1st. Potentially, there will be eight sites added in total. She said DCS has agreed to partner with SOCAT to provide services where 88 counties can be served. Virgo hopes to get closer to the goal to reach all 95 counties.

SOCAT Expansion Sites 2018



Virgo said 72 families are enrolled throughout the state with the average age being 13. There are more males and females. Virgo reported ADHD is showing up in many of the youth being served and the older youth are showing signs of bipolar disorder.

VIII. Future Meetings and Topics

The next meeting will be a joint meeting with the Home Visiting Leadership Alliance (HVLA) on Thursday, October 18, 2018 at the Midtown Hills Police Precinct.

Meeting adjourned at 1:50 p.m.

Council on Children’s Mental Health Purpose Statement
Design a comprehensive plan for a statewide System of Care for children and families that is family-driven, youth-guided, community-based, and culturally and linguistically competent.